

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MAGA COALITION, INC.

ADDRESS (number and street)

1001 Brickell Bay Drive

Ste 2700

Check if different
than previously
reported. (ACC)

Miami

FL

33131

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00654343

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2019

through

M M M / D D D / Y Y Y Y Y Y
06 30 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McQueen, Ginger, , ,

Type or Print Name of Treasurer

Signature of Treasurer

McQueen, Ginger, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 31 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01 | | 01 | | 2019 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 06 | | 30 | | 2019 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2019</div></div> | | <div><div></div><div>28038.24</div></div> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <div><div></div><div>28038.24</div></div> | |
| (c) Total Receipts (from Line 19) | <div><div></div><div>7818.63</div></div> | <div><div></div><div>7818.63</div></div> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <div><div></div><div>35856.87</div></div> | <div><div></div><div>35856.87</div></div> |
| 7. Total Disbursements (from Line 31)..... | <div><div></div><div>23427.93</div></div> | <div><div></div><div>23427.93</div></div> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <div><div></div><div>12428.94</div></div> | <div><div></div><div>12428.94</div></div> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period:

From:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 9 | | |

To:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 9 | | |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1925.00

1925.00

(ii) Unitemized

5860.83

5860.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7785.83

7785.83

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

7785.83

7785.83

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

32.80

32.80

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

7818.63

7818.63

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

7818.63

7818.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 23427.93 | 23427.93 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 23427.93 | 23427.93 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 23427.93 | 23427.93 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23427.93 | 23427.93 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 7785.83 | 7785.83 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7785.83 | 7785.83 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 23427.93 | 23427.93 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 23427.93 | 23427.93 |

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

The Committee makes our best effort to collect donor information, including full name, physical address, occupation and employer information by making sure the original solicitation contains a clear and conspicuous request for the required contributor information and making it clear that federal law requires the Committee report the information. If the information is not provided to the Committee, then we follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report. We mark these donors with 'Information Requested Per Best Effort' in an attempt to let the Commission know that we have used our best efforts to try to get this information.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City

Cortez

State

CO

Zip Code

81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2019

Transaction ID : SA11AI.6488

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City

Cortez

State

CO

Zip Code

81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2019

Transaction ID : SA11AI.6399

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City

Cortez

State

CO

Zip Code

81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11AI.6397

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2019

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

06 / 21 / 2019

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

06 / 23 / 2019

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 17
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hale, James, , ,

Mailing Address 910 Lake Rd

City
WebsterState
NYZip Code
14580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 12 | 2019 |

Transaction ID : SA11AI.6442

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keaton, Kevin, , ,

Mailing Address 643 Cobblestone Drive

City
DelawareState
OHZip Code
43015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEA LIMITEDOccupation (for Individual)
Senior Fire Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05 | 17 | 2019 |

Transaction ID : SA11AI.6496

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keaton, Kevin, , ,

Mailing Address 643 Cobblestone Drive

City
DelawareState
OHZip Code
43015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEA LIMITEDOccupation (for Individual)
Senior Fire Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06 | 17 | 2019 |

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lecturing Professor

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2019

Transaction ID : SA11AI.6390

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lecturing Professor

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2019

Transaction ID : SA11AI.6391

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lecturing Professor

Occupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2019

Transaction ID : SA11AI.6392

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilcox, Jennifer, , ,

Mailing Address 29426 Via Napoli

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Coast Community College Dist.

Occupation (for Individual)

Instructor

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2019

Transaction ID : SA11AI.6552

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilcox, Jennifer, , ,

Mailing Address 29426 Via Napoli

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Coast Community College Dist.

Occupation (for Individual)

Instructor

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : SA11AI.6551

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilcox, Jennifer, , ,

Mailing Address 29426 Via Napoli

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Coast Community College Dist.

Occupation (for Individual)

Instructor

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2019

Transaction ID : SA11AI.6550

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wood, Amy, , ,

Mailing Address 7515 Main Street

City
HoustonState
TXZip Code
77030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RGDOccupation (for Individual)
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2019

Transaction ID : SA11AI.6555

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wood, Amy, , ,

Mailing Address 7515 Main Street

City
HoustonState
TXZip Code
77030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RGDOccupation (for Individual)
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : SA11AI.6554

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

1925.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Apple

Mailing Address 1 Infinite Loop

City
CupertinoState
CAZip Code
95014Purpose of Disbursement
Office Expense/Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 04 | | 2019 |

FEC Identification Number

C**Transaction ID : SB21B.6257**

Amount of Each Disbursement this Period

1080.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 12 | | 2019 |

FEC Identification Number

C**Transaction ID : SB21B.6264**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 01 | | 2019 |

FEC Identification Number

C**Transaction ID : SB21B.6265**

Amount of Each Disbursement this Period

11.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1230.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 1 | 2 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.6266**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 0 | 3 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.6267**

Amount of Each Disbursement this Period

17.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 1 | 2 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.6268**

Amount of Each Disbursement this Period

139.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

295.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davinci Virtual Office

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 09 | | 2019 |

Mailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6269**

Amount of Each Disbursement this Period

12.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davinci Virtual Office

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 13 | | 2019 |

Mailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6270**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Davinci Virtual Office

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 05 | | 2019 |

Mailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6271**

Amount of Each Disbursement this Period

9.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

160.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Office Expense/Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 1 | 2 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.6272**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gingrich, Adam, , ,Mailing Address 3030 N. Rocky Pointe D
Ste 150ACity
TampaState
FLZip Code
33607Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 3 | 1 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.6321**

Amount of Each Disbursement this Period

6666.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gingrich, Adam, , ,Mailing Address 3030 N. Rocky Pointe D
Ste 150ACity
TampaState
FLZip Code
33607Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 1 | 0 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.6322**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16805.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 17

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Impress.org

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 1 | 4 | | | 2 | 0 | 1 | 9 | | |

Mailing Address

City
San DiegoState
CA

Zip Code

Purpose of Disbursement
Website services

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6346**

Amount of Each Disbursement this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONBUILDER

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 1 | 6 | | | 2 | 0 | 1 | 9 | | |

Mailing Address 520 S. Grand Avenue

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
Website Services

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6319**

Amount of Each Disbursement this Period

1290.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 1 | 9 | | | 2 | 0 | 1 | 9 | | |

Mailing Address 520 S. Grand Avenue

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
Website Services

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6320**

Amount of Each Disbursement this Period

1290.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2940.60

21431.82